

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10/510292**

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13	12			
14	①			
15		1		
16			1	
17			1	
18			1	
19			1	
20			1	
21			1	
22			1	
23			1	
24			1	
25			1	
26			1	
27			1	
28				
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43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	1		1	
TOTAL DEP.	24	12		
TOTAL CLAIMS	25	13		

*	*		*	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
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57				
58				
59				
60				
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96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS